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PTO/SB/21 (12/97)

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2181

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/668,952
Filing Date	September 22, 2000
First Named Inventor	A. Ira Horden
Group Art Unit	2181
Examiner Name	R. Dharia

Total Number of Pages in This Submission

18

Attorney Docket Number

42390P3275R

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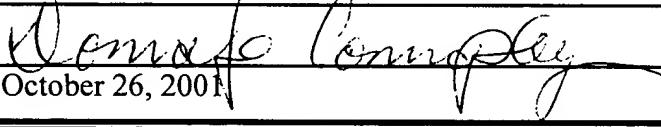
FEB 27 2002

## ENCLOSURES (check all that apply)

Technology Center 2100

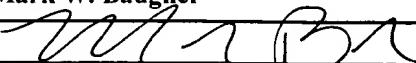
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<div style="border: 1px solid black; padding: 5px;">1) Signed, Revised Declaration/Power of Attorney forms (15 pgs)</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Donna Jo Coningsby, Reg. No. 41,684  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 26, 2001

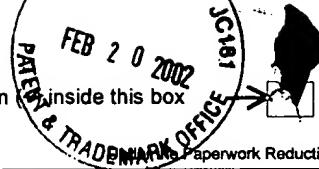
## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: **October 26, 2001**

Typed or printed name	Mark W. Baugher
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Date	October 26, 2001

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PTO/SB/17 (12/99)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application No.	09/668,952
Filing Date	September 22, 2000
First Named Inventor	A. Ira Horden
Examiner Name	R. Dharia
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FEB 27 2002

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to credit any overpayments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

Charge Any Additional Fee(s) Required  
Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Applicant claims small entity status.  
See 37 CFR 1.27.

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
				SUBTOTAL (1) (\$)	

2. EXTRA CLAIM FEES	Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="text"/>	<input type="text"/>	<input type="text"/>
Independent Claims	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiple Dependent	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*or number previously paid, if greater. For Reissues, see below

Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	260	204	140	Multiple Dependent claim, if not paid	
109	84	209	42	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
				SUBTOTAL (2) (\$)	

## 3. ADDITIONAL FEE

Large Entity	Small Entity	Fee Description	Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	400	216	200	Extension for response within second month	
117	920	217	460	Extension for response within third month	
118	1,440	218	720	Extension for response within fourth month	
128	1,960	228	980	Extension for response within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify)					
Other fee (specify)					
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)	

## SUBMITTED BY

Cor:

Name (Print/Type)	Donna Jo Coningsby	Registration No. (Attorney/Agent)	41,684	Telephone
Signature	<i>Donna Jo Coningsby</i>			Date

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